

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Mary Doyle for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 04 / 29 / 2026

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|---|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 2645.00 | 6259.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 2645.00 | 6259.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 1311.62 | 3293.51 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 1311.62 | 3293.51 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 2965.49 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 1578.50 | |

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Mary Doyle for Congress

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 2000.00 | 3650.00 |
| (ii) Unitemized..... | 145.00 | 2109.00 |
| (iii) TOTAL of contributions from individuals ▶ | 2145.00 | 5759.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 500.00 | 500.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 2645.00 | 6259.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 2645.00 | 6259.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 1311.62 | 3293.51 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 1311.62 | 3293.51 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1632.11 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 2645.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 4277.11 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 1311.62 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2965.49 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Amended to include missing accrued expenses

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial)
Lane, David, , ,

Mailing Address 964 Golden Aspen Place

City Ashland State OR Zip Code 97520

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2026

Transaction ID : A-92

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lane, Patricia, , ,

Mailing Address 964 Golden Aspen Place

City Ashland State OR Zip Code 97520

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2026

Transaction ID : A-93

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | 2000.00 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 OF 13 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial)
The Center for Freethought Equality PAC

Mailing Address 1821 Jefferson Place NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00545202

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2026

Transaction ID : A-95

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 500.00 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 13 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Mary Doyle for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. ActBlue | | M M / D D / Y Y Y Y 04 / 05 / 2026 |
| Mailing Address PO Box 441146 | | FEC Identification Number |
| City Somerville | State MA | Zip Code 02144 |
| Purpose of Disbursement Conduit Processing Fees | | 001 |
| Candidate Name | | Category/ Type |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: 00 | | Amount of Each Disbursement this Period 0.18 |
| | | Transaction ID : B-74 <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. ActBlue | | M M / D D / Y Y Y Y 04 / 19 / 2026 |
| Mailing Address PO Box 441146 | | FEC Identification Number |
| City Somerville | State MA | Zip Code 02144 |
| Purpose of Disbursement Conduit Processing Fees | | 001 |
| Candidate Name | | Category/ Type |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: 00 | | Amount of Each Disbursement this Period 0.79 |
| | | Transaction ID : B-86 <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. ActBlue | | M M / D D / Y Y Y Y 04 / 26 / 2026 |
| Mailing Address PO Box 441146 | | FEC Identification Number |
| City Somerville | State MA | Zip Code 02144 |
| Purpose of Disbursement Conduit Processing Fees | | 001 |
| Candidate Name | | Category/ Type |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: 00 | | Amount of Each Disbursement this Period 2.78 |
| | | Transaction ID : B-89 <input type="checkbox"/> Memo Item |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3.75 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 13 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Mary Doyle for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026 |
| Mailing Address PO Box 441146 | | FEC Identification Number C |
| City Somerville | State MA | Zip Code 02144 |
| Purpose of Disbursement Conduit Processing Fees | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 1.98 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B-90 |
| State: District: 00 | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. C&E Systems | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026 |
| Mailing Address PO Box 42307 | | FEC Identification Number C |
| City Portland | State OR | Zip Code 97242 |
| Purpose of Disbursement FEC compliance, postage | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 55.89 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B-97 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Doyle, Mary, , , | | Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026 |
| Mailing Address 3321 SE 20th Ave. P.o. Box 42307 | | FEC Identification Number C |
| City Portland | State OR | Zip Code 97242 |
| Purpose of Disbursement accrued expense payment | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 1250.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B-98 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1307.87 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 13 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Mary Doyle for Congress

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Oregon Secretary of State Elections Division | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026 | | |
| Mailing Address 255 Capitol Street Northeast Suite 126 | | | FEC Identification Number C | | |
| City Salem | State OR | Zip Code 97301 | Amount of Each Disbursement this Period 2500.00 | | |
| Purpose of Disbursement voters pamphlet statement | | Category/ Type 001 | Transaction ID : B-12 | | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item MEMO: Debt Subvendor of Mary Dovle | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | | |
| Mailing Address | | | FEC Identification Number C | | |
| City | State | Zip Code | Amount of Each Disbursement this Period | | |
| Purpose of Disbursement | | Category/ Type | Memo Item | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | | |
| Mailing Address | | | FEC Identification Number C | | |
| City | State | Zip Code | Amount of Each Disbursement this Period | | |
| Purpose of Disbursement | | Category/ Type | Memo Item | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 1311.62 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Mary Doyle for Congress

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , , | | | Nature of Debt (Purpose): accrued expense: subscription |
| Mailing Address 3321 SE 20th Ave. P.o. Box 42307 | | | |
| City Portland | State OR | Zip Code 97242 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : D-106 | |
| 20.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 20.00 | |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , , | | | Nature of Debt (Purpose): accrued expense: subscription |
| Mailing Address 3321 SE 20th Ave. P.o. Box 42307 | | | |
| City Portland | State OR | Zip Code 97242 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : D-108 | |
| 10.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 10.00 | |

| | | | |
|---|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , , | | | Nature of Debt (Purpose): accrued expense: subscription |
| Mailing Address 3321 SE 20th Ave. P.o. Box 42307 | | | |
| City Portland | State OR | Zip Code 97242 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : D-110 | |
| 15.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 15.00 | |

| | |
|--|-------|
| 1) SUBTOTALS This Period This Page (optional) | 45.00 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Doyle, Mary, , ,

Nature of Debt (Purpose):

accrued expense: subscription

Mailing Address 3321 SE 20th Ave.
P.o. Box 42307

| | | |
|------------------|-------------|-------------------|
| City Portland | State OR | Zip Code 97242 |
|------------------|-------------|-------------------|

Outstanding Balance Beginning This Period

20.00

Transaction ID : D-112

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Doyle, Mary, , ,

Nature of Debt (Purpose):

voters pamphlet statement

Mailing Address 3321 SE 20th Ave.
P.o. Box 42307

| | | |
|------------------|-------------|-------------------|
| City Portland | State OR | Zip Code 97242 |
|------------------|-------------|-------------------|

Outstanding Balance Beginning This Period

10.00

Transaction ID : D-114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Doyle, Mary, , ,

Nature of Debt (Purpose):

accrued expense: printing

Mailing Address 3321 SE 20th Ave.
P.o. Box 42307

| | | |
|------------------|-------------|-------------------|
| City Portland | State OR | Zip Code 97242 |
|------------------|-------------|-------------------|

Outstanding Balance Beginning This Period

208.50

Transaction ID : D-116

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

208.50

1) **SUBTOTALS** This Period This Page (optional)

238.50

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Mary Doyle for Congress

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , , | | | Nature of Debt (Purpose): accrued expense: subscription |
| Mailing Address 3321 SE 20th Ave. P.o. Box 42307 | | | |
| City Portland | State OR | Zip Code 97242 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : D-118 | |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 45.00 | 0.00 | 45.00 | |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , , | | | Nature of Debt (Purpose): voters pamphlet statement |
| Mailing Address 3321 SE 20th Ave. P.o. Box 42307 | | | |
| City Portland | State OR | Zip Code 97242 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : D-11 | |
| 2500.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 1250.00 | 1250.00 | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 1295.00 |
| 2) TOTALS This Period (last page this line number only) | 1578.50 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 1578.50 |